

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

8/30/06

SERIAL NO.

10/815,615

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2						1
3						1
4						
5						
6						1
7						1
8						1
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11						1
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26						1
27						1
28						2
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32						2
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50						
TOTAL IND.					1	
TOTAL DEP.					46	
TOTAL CLAIMS					47	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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